

# **Selected Surgical Oncology Abstracts of the 17th International Meeting of the International Union Against Cancer (UICC), Rio de Janeiro, Brazil, August 23–28, 1998: Introduction**

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MARCOS F. MORAES, MD\*

*President, 17th UICC International Cancer Congress, Rio de Janeiro, Brazil*

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The 17th UICC International Cancer Congress, held in Rio de Janeiro, Brazil from August 23rd–28th, 1998, gathered specialists from the whole world to discuss the newest advances in cancer education, research, information, prevention, early diagnosis, treatment, rehabilitation, and palliative care.

These abstracts represent a selection from those submitted as slide or poster presentations and were selected by a special committee at the 17th Congress. The papers address surgical oncology issues, and their authors are from Austria, Brazil, Canada, China, France, Hungary, India, Italy, Japan, Poland, Portugal, Ukraine, USA, and Yugoslavia.

Among the presented papers, the following were stressed: pre-operative prognostic factors and methods for increasing the accuracy of sentinel lymph node (SN) identification, locoregional lymphadenectomy in N0 patients, and adjuvant therapy. Melanomas, colorectal and oral cancers were the main focus of these studies. Other prognostic factors were emphasized, such as surgical procedures for carcinoma of the proximal part of the biliary tree.

Results were reported concerning molecular, genetic, clinical, or pathologic factors, in establishing prognosis in transitional cell carcinoma of the bladder, pancreatic cancer, breast cancer, melanoma, head and neck cancer, osteosarcoma, and infratentorial astrocytomas. Esophageal cancer resectability performed by fiberoptic bronchoscopy, and the role of race as a predictor of lymph node metastasis in prostate cancer, were considered, as well.

Surgical aspects of soft tissue sarcomas, surgical margins, adjuvant radiation therapy after narrow margin resection, adjuvant systemic chemotherapy for high grade tumors, previous partial or macroscopic complete excision, and improved limb preservation received attention. Surgical approaches to treatment of recurrent soft tissue

sarcomas, including thoracoabdominal incisions in the resection of upper quadrant retroperitoneal sarcoma, were the subjects of two works.

Combined therapies in unknown primary head and neck metastasis, and esophageal, ovarian, lung, gastric cancer in terms of organ preservation, five-year survival, toxicity, and therapeutic strategies were discussed.

Some special surgical experiences were reported, such as vulvar conservative surgery, extended lymphadenectomy in gastric cancer, total sacralectomy in a case of rectal carcinoma relapse, and timing of specific drainage removal to decrease seroma incidence after breast cancer surgery. Because primary gallbladder cancer can be detected after laparoscopic cholecystectomy (LC), and the strong association between cholelithiasis and colon cancer, two studies suggested performing screening of these tumors before LC.

Surgical procedures were proposed to increase the potential for curative hepatectomy, and the impact of regional hyperthermia on prolonging patients' lives was discussed.

Rehabilitation after partial glossectomy, reconstruction and stability of the chest wall following radical resection of malignant tumors, and the World Health Organization's new histological classification of testis tumors were other subjects included in the presentations.

I believe the following selections from the Proceedings of the Surgical Oncology section of the 17th UICC International Cancer Congress will be of interest to the readers of this *Journal*, and will encourage and stimulate scientific production in surgical oncology.

\*Correspondence to: Marcos F. Moraes, MD, Instituto Nacional de Cancer, Praca Crus Vermelha, 23/3 andar-centro, 20230-130 Rio de Janeiro, Brazil.